



## Project Brief

Lucinda Ehnes, Director  
California Department of Managed Health Care

## RIGHT CARE INITIATIVE

Clinical Quality Improvement Leadership Collaborative

### 2011 California Statewide Goals—Preventing Strokes, Heart Attacks, and Hospital Acquired Infections

#### Achieve National HEDIS 90th Percentile Targets:

- 70% of hypertensive patients with blood pressure controlled:  $\leq 140/90$  mm Hg
- 70% of patients with cardiovascular conditions with lipids controlled:  $LDL-C < 100$  mg/dL
- 81% of diabetic patients with blood sugar controlled:  $HbA1c < 9$
- 52% of diabetic patients with lipids controlled:  $LDL-C < 100$  mg/dL

#### Reduce Hospital Acquired infections:

- Median of zero central line infections
- Significantly reduce infections designated by the Right Care Initiative work group

#### San Diego Demonstration Goals:

- Heart attack and stroke prevention focused on heart disease and diabetes patients through lipid and blood pressure management

**Sponsor:** California Department of Managed Health Care, Director's Office

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**Key Partners:** This collaborative, expert-based, public-private, multi-year effort draws on the leadership from key partners.

- |  |                                     |                                       |
|--|-------------------------------------|---------------------------------------|
| • California health plans and medical groups | • American College of Cardiology    | • Integrated Healthcare Association   |
| • CA Chronic Care Coalition                  | • American Diabetes Association     | • Pacific Business Group on Health    |
| • University of California                   | • American Heart/Stroke Association | • Additional clinical quality experts |
| • RAND                                       | • CA Hospital Association           | • Pharmaceutical Companies            |
| • Stanford University                        | • CA Medical Association Foundation | • Community-based groups              |
| • University of Southern California          | • CA Pharmacy Foundation            | • Office of the Patient Advocate      |
|  | • CA Quality Collaborative          | • Our colleagues in public health     |

**Objective:** To measurably improve patient outcomes through enhancing the practice of evidence-based medicine.

The Right Care Initiative's goal is to apply scientific evidence and outcomes improvement strategies to reduce morbidity and mortality among California's 15 million commercial managed health plan enrollees.

Data from NCOA, The Integrated Health Care Association, the Agency for Health Care Quality and Research, the Commonwealth Foundation, and the Centers for Disease Control indicate three trouble spots where evidence-based patient management and clinical quality improvement will significantly enhance and save lives.

1. Cardiovascular disease, with particular emphasis on hypertension
2. Diabetes, with particular emphasis on heart attack and stroke prevention
3. Hospital acquired infections

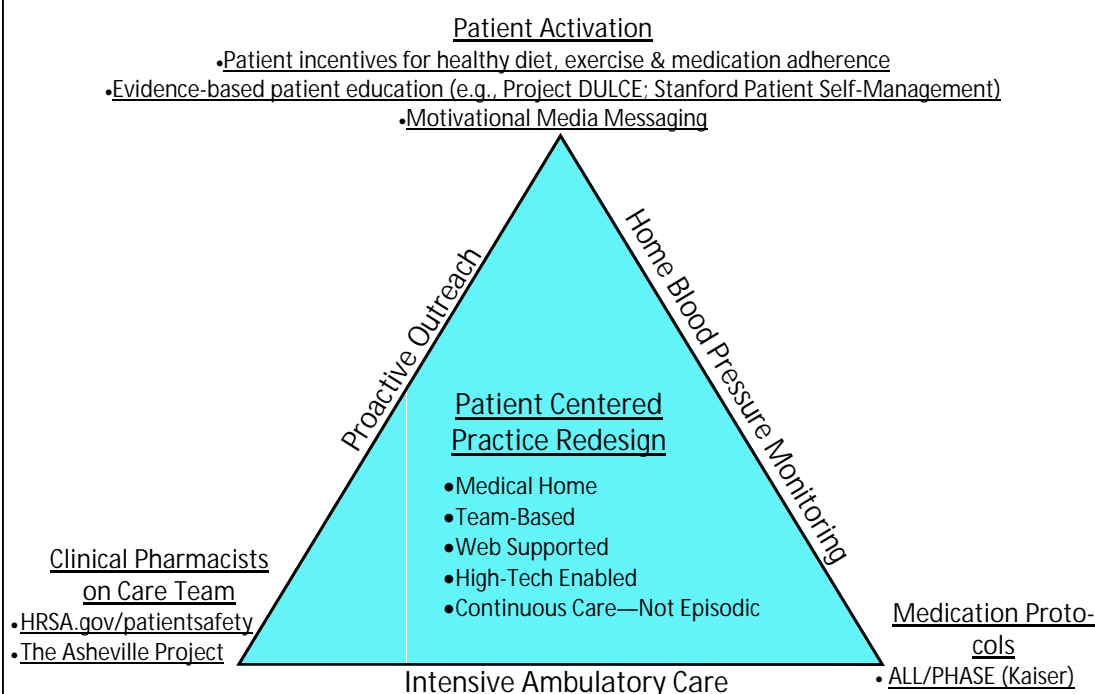
**Background:** NCOA estimates that improving California's cardiovascular disease and diabetes measures to the national HEDIS 90th percentile could save 1,694 to 2,818 lives annually. These improvements would also avoid \$118 million in yearly hospital costs, 766,401 sick days and \$125.56 million in lost productivity. Additionally, hospital acquired infections are mostly preventable but kill an estimated 10,000 Californians per year.

Heart disease, hypertension, diabetes, and prevention of hospital acquired infections are increasingly well understood scientifically and ripe for best practices collaboration. This project will improve the lives of tens of thousands of California enrollees by catalyzing the work of experts and evidence-based interventions, like the successful "100,000 Lives" national campaign for reducing medical errors. Diabetes, hospital acquired infections, and reduction of medical errors were specifically named as priorities in Governor Schwarzenegger's 2007 reform proposal, providing initial inspiration for this collaborative, public-private continuous quality improvement project.

(See Over)

**Implementation Action and Goals:** DMHC launched the Right Care Initiative with NCOA and the Deans of UCLA and UC Berkeley Schools of Public Health in March 2008 at the first annual Clinical Quality Improvement Leadership Summit. Since then, four summits have been held. The most recent summit launched a community focused effort in San Diego centered around the Right Care Initiative goals of preventing heart attacks and strokes. Thanks to an NIH GO grant, the Right Care Initiative has a special opportunity in San Diego to work intensively toward quickly achieving national 90th percentile HEDIS hypertension and cardiovascular disease performance targets, through technical assistance to the medical groups supported by comparative effectiveness research. Each Right Care Initiative gathering is a collaborative effort with the community, leading health plan and medical group directors, as well as thought leaders in evidence-based medicine. Through periodic meetings, research, quality improvement support for medical groups, and collaborative action, the Right Care Initiative statewide goal is to reach the 90th percentile in heart and diabetes HEDIS control measures of blood pressure, lipids, and glucose, and to cut the rate of death from hospital acquired infections by the end of 2011.

### Promising Interventions to Reach HEDIS Control Targets for Heart Attack and Stroke Prevention



### Research Questions:

- What are the most promising interventions for quickly bringing patients into safe control?
- What barriers are preventing improvement, and what are the best strategies for overcoming them?
- What are the best strategies for California to expedite a focused re-engineering effort to refine the implementation of evidence-based medicine to quickly meet these goals that are estimated to save thousands of lives annually?
- What strategies are needed to improve clinical outcomes in light of health disparities in California's diverse population?

### Technical Expert Steering Committee Chair and Vice Chair:

Stephen Shortell, PhD, MPH, Professor and Dean, University of California, Berkeley, School of Public Health

Robert Kaplan, PhD, Distinguished Professor, University of California, Los Angeles, Schools of Medicine and Public Health

### Cardiovascular Disease and Diabetes Principal Investigators:

Robert Kaplan, PhD, Distinguished Professor, University of California, Los Angeles, Schools of Medicine and Public Health

Allen Fremont, MD, PhD, RAND, Director, Action Consortium to Accelerate Change, Practicing Physician, Department of Veterans Affairs

### Hospital Acquired Infections (HAI) Principal Investigators:

Helen Halpin, PhD, Professor and Director, Center for Health and Public Policy Studies, UC Berkeley School of Public Health

Arnold Milstein, MD, Medical Director, Pacific Business Group on Health; Professor of Medicine, Stanford

### Funding:

Over 4 million dollars have been raised from the following funders: Johnson & Johnson, Blue Shield of California Foundation (HAI), Novartis, The California Health Care Foundation ("hot spot" identification), the National Heart, Lung and Blood Institute (National Institutes of Health), the California Office of the Patient Advocate. This funding enables UC, RAND, and the California Chronic Care Coalition to provide external support for meeting the RCI goals.

### Technology Innovation Network:

This is a separately funded supporting network focused on bringing technology resources to smaller, under resourced medical practices to assist with clinical performance improvement.

Right Care Initiative: <http://www.rightcare.dmhc.ca.gov>

California Office of the Patient Advocate, Medical Group Ratings by County and Meeting National Standards of Care:

[http://opa.ca.gov/report\\_card/medicalgroupcounty.aspx](http://opa.ca.gov/report_card/medicalgroupcounty.aspx)